

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------|
| Gross Claim | \$ | 2,653,860.14 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,653,860.14 |
| YTD Amount: | \$ | 39,701,657.05 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-----------|
| Gross Claim | \$ | 7,262.96 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 7,262.96 |
| YTD Amount: | \$ | 95,502.14 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 94,121.14 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 94,121.14 |
| YTD Amount: | \$ | 787,787.22 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 607,421.59 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 607,421.59 |
| YTD Amount: | \$ | 3,142,374.94 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|------------|
| Gross Claim | \$ | 96,777.69 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 96,777.69 |
| YTD Amount: | \$ | 533,832.62 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

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|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 76,747.80 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 76,747.80 |
| YTD Amount: | \$ | 354,268.56 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

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| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 1,347,476.90 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,347,476.90 |
| YTD Amount: | \$ | 20,158,208.42 |

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REMITTANCE ADVICE

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

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|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 90,740.11 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 90,740.11 |
| YTD Amount: | \$ | 576,106.14 |

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

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| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|--------------|
| Gross Claim | \$ | 351,329.01 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 351,329.01 |
| YTD Amount: | \$ | 1,733,379.96 |

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

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| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------|
| Gross Claim | \$ | 1,645,798.66 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,645,798.66 |
| YTD Amount: | \$ | 24,621,091.70 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

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|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 87,051.62 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 87,051.62 |
| YTD Amount: | \$ | 514,355.95 |

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 611,447.53 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 611,447.53 |
| YTD Amount: | \$ | 2,467,310.88 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 605,894.10 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 605,894.10 |
| YTD Amount: | \$ | 2,733,754.63 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 118,387.91 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 118,387.91 |
| YTD Amount: | \$ | 670,820.05 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 1,120,952.15 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,120,952.15 |
| YTD Amount: | \$ | 16,769,408.61 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 301,983.47 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 301,983.47 |
| YTD Amount: | \$ | 1,684,834.94 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 132,811.37 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 132,811.37 |
| YTD Amount: | \$ | 963,893.23 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 95,161.28 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 95,161.28 |
| YTD Amount: | \$ | 736,499.35 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|----------------|
| Gross Claim | \$ | 21,250,771.89 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 21,250,771.89 |
| YTD Amount: | \$ | 317,910,853.11 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|--------------|
| Gross Claim | \$ | 297,520.89 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 297,520.89 |
| YTD Amount: | \$ | 1,568,754.68 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|--|----|--------------|
| <u>Gross Claim</u> | \$ | 704,661.96 |
| County Medical Services Program Offset | \$ | 0.00 |
| <u>Net Claim / Payment Amount</u> | \$ | 704,661.96 |
| YTD Amount: | \$ | 2,967,411.03 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 50,707.89 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 50,707.89 |
| YTD Amount: | \$ | 323,521.55 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|--|----|--------------|
| <u>Gross Claim</u> | \$ | 192,034.65 |
| County Medical Services Program Offset | \$ | 0.00 |
| <u>Net Claim / Payment Amount</u> | \$ | 192,034.65 |
| YTD Amount: | \$ | 1,217,834.54 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 371,256.39 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 371,256.39 |
| YTD Amount: | \$ | 5,553,984.17 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 55,928.02 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 55,928.02 |
| YTD Amount: | \$ | 367,645.77 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 79,823.28 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 79,823.28 |
| YTD Amount: | \$ | 824,842.54 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 546,120.55 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 546,120.55 |
| YTD Amount: | \$ | 8,169,942.88 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|--------------|
| Gross Claim | \$ | 297,073.41 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 297,073.41 |
| YTD Amount: | \$ | 1,399,428.63 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 188,412.07 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 188,412.07 |
| YTD Amount: | \$ | 961,199.23 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 3,573,523.86 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 3,573,523.86 |
| YTD Amount: | \$ | 53,459,796.92 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 232,286.99 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 232,286.99 |
| YTD Amount: | \$ | 3,475,002.90 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 79,879.09 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 79,879.09 |
| YTD Amount: | \$ | 318,743.09 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 2,093,598.05 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,093,598.05 |
| YTD Amount: | \$ | 31,320,157.93 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 2,167,682.34 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,167,682.34 |
| YTD Amount: | \$ | 32,428,453.58 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 114,012.02 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 114,012.02 |
| YTD Amount: | \$ | 619,603.47 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------|
| Gross Claim | \$ | 2,325,545.64 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,325,545.64 |
| YTD Amount: | \$ | 34,790,086.20 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 3,973,416.62 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 3,973,416.62 |
| YTD Amount: | \$ | 59,442,185.45 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 4,052,961.21 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 4,052,961.21 |
| YTD Amount: | \$ | 60,632,170.96 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 915,428.52 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 915,428.52 |
| YTD Amount: | \$ | 13,694,782.17 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 304,813.02 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 304,813.02 |
| YTD Amount: | \$ | 4,559,997.35 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 940,588.65 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 940,588.65 |
| YTD Amount: | \$ | 14,071,172.12 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 561,877.96 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 561,877.96 |
| YTD Amount: | \$ | 8,405,681.53 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------|
| Gross Claim | \$ | 2,261,394.63 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,261,394.63 |
| YTD Amount: | \$ | 33,830,394.01 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 381,058.41 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 381,058.41 |
| YTD Amount: | \$ | 5,700,623.35 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 520,716.79 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 520,716.79 |
| YTD Amount: | \$ | 2,459,983.92 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 18,518.25 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 18,518.25 |
| YTD Amount: | \$ | 141,140.46 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 147,195.43 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 147,195.43 |
| YTD Amount: | \$ | 830,000.75 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 742,083.51 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 742,083.51 |
| YTD Amount: | \$ | 4,230,414.13 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|--------------|
| Gross Claim | \$ | 1,200,556.16 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,200,556.16 |
| YTD Amount: | \$ | 5,043,401.27 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 744,158.83 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 744,158.83 |
| YTD Amount: | \$ | 11,132,596.16 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 290,389.73 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 290,389.73 |
| YTD Amount: | \$ | 1,366,088.44 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 195,585.30 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 195,585.30 |
| YTD Amount: | \$ | 1,015,194.21 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 82,745.35 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 82,745.35 |
| YTD Amount: | \$ | 626,372.22 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 662,667.70 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 662,667.70 |
| YTD Amount: | \$ | 9,913,485.66 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|-------------------|
| Gross Claim | \$ | 151,501.44 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 151,501.44 |
| YTD Amount: | \$ | 811,136.96 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|----------------------|
| Gross Claim | \$ | 878,370.26 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 878,370.26 |
| YTD Amount: | \$ | 13,140,385.08 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 241,692.17 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 241,692.17 |
| YTD Amount: | \$ | 3,615,711.14 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.10000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 236,987.18 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 236,987.18 |
| YTD Amount: | \$ | 1,159,460.23 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 79,794.24 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 79,794.24 |
| YTD Amount: | \$ | 1,193,716.91 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 362,065.12 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 362,065.12 |
| YTD Amount: | \$ | 5,416,486.38 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000310A
PAYMENT ISSUE DATE: 8/26/2011

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2011 TO: 8/15/2011

| | | | |
|--------------------------------|---|---------------------------|------------|
| <u>Total amount collected:</u> | \$96,556,336.51 | Percentage of collection: | 0.67042826 |
| Gross monthly apportionment: | \$64,734,096.43 | County/City Ratio: | 0.00000000 |
| | County Medical Services Program Offset Ratio: | | 0.00000000 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 121,465.53 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 121,465.53 |
| YTD Amount: | \$ | 1,817,116.15 |